

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1322

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 282

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3624 Bell St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 yrs (Specify whether
In this community 37 yrs
years, months or days)

3. (a) PRINT FULL NAME Claus Christian Jensen

3. (b) If veteran, name war ---- 3. (c) Social Security No. ----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased December 11 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Denmark
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business ----

MOTHER FATHER { 12. Name Anders Jensen
13. Birthplace Denmark
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Smith
15. Birthplace Denmark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs A.V. Jensen

(b) Address 3624 Bell Kansas City Mo.

17. (a) Burial (b) Date thereof 1/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Later Funeral Home

(b) Address Kansas City, Kansas

19. (a) Jan 20 1941 (b) M. J. M. Crowl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3624 Bell Street (If rural, give location)
(e) If foreign born, how long in U. S. A. 37 yrs 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug, 1939, to 1/20, 1941
that I last saw him alive on 1/18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic fibrosis myocarditis 2yr.
Due to 42N

Due to 42N

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ----
Of autopsy ----

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ----
(b) Date of occurrence ----
(c) Where did injury occur? (City or town) (County) (State) ----
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ----

While at work? (Specify type of place) (e) Means of injury ----

23. Signature Chas. M. Crowl (M. D. or other) MD
Address 1102 Bryant Bldg Date signed 1/22/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. White
Bryant Bldg
2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed O Ross Blanford
Licensed Embalmer No. 4015
P. O. Address 411 State Line

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.